

REQUEST FOR CALIFORNIA EXPANDED AFP PROGRAM SUPPLIES
FOR LABORATORIES AND DRAW STATIONS ONLY

Name of Laboratory/Draw station.....

Organization/Department.....

Street Address.....Suite #.....

City.....State.....ZipCode.....Telephone ()

Attention.....Date.....

- Please use Kit for shipping blood specimen by **U.S.Mail or other mail services**
- Please use one tray, a pouch and one box to send **one** or **two** specimens if they are drawn the same day.

QUANTITY OF SUPPLIES REQUESTED (Enough to last 6 months)	
Description of the Item	Quantity Requested
Blood Shipping Kit (Contains one serum separator tube, one tray, one pouch, and one box to mail the blood specimen)	
Serum Separator Tubes only (Capacity 4 ml)	

Please note:

- 1** Prenatal Care Providers will complete Part A of the Expanded AFP Test Request Form.
- 2** **Phlebotomist** at laboratory /draw station **must** complete Part B of the Expanded AFP Test Request Form.
- 3** Please photocopy this supply form for future requests.
- 4** Please allow two weeks for delivery.

Mailing address:

Department of Health Services
Expanded AFP Program Supplies
Post Office Box 1988
Berkeley, CA 94701- 1988

Fax number:

(510) 540-3179

Telephone number:

(510) 540-2433

The California Expanded AFP Screening Program bills patients **directly** for the Program Fee, which is currently \$105.00. Laboratories may bill patients **separately** a reasonable fee for drawing and handling blood specimen, taking into account that the Expanded AFP Program provides tubes and mailing supplies free of charge to laboratories, draw stations, as well as clinicians.

All Expanded AFP supplies are the property of The State of California. Other use is strictly prohibited

FOR CLINICIANS ONLY

Clinician's License #.....Last Name.....First Name.....
 Organization/Department.....
 Street Address.....Suite #.....
 City.....State.....ZipCode.....Telephone ()
 Attention.....Date.....

- Please use Kits for shipping blood specimens by **U.S. Mail. Order Tubes if using a courier service.**
- **Please use one tray, a pouch and one box to send one or two specimens if they are drawn the same day.**

Description of the Item	Quantity Requested (Enough to last 6 months)
AFP Forms (Expanded AFP Test Request Form)	
Blood Shipping Kit (Contains one serum separator tube, one tray, one pouch, and one box to mail the blood specimen)	
Serum Separator Tubes only (Capacity 4 ml)	

Indicate below the number of booklets/pamphlets needed in each language:

Description of Booklet/Pamphlet	English	Spanish	Chinese	Vietnamese	Laotian	Cambodian	Korean
Basic Booklet with consent form for women younger than 35 years of age					N/A		
Choices Booklet with consent form for women 35 years of age or older							
Easy to Read pamphlet about Expanded AFP blood test							
'Important Information for Parent about the Newborn Screening Test '							
Expanded AFP Screening Program Provider Handbook (One per clinician)		N/A	N/A	N/A	N/A	N/A	N/A
Folate Pamphlet ('Before and During Pregnancy You Need Folate')			N/A	N/A	N/A	N/A	N/A
Prenatal Diagnosis of Birth Defects			N/A	N/A	N/A	N/A	N/A
"Un Regalo Para el Bebe" <i>Fotonovela</i> (photo story) about Expanded AFP Screening	N/A		N/A	N/A	N/A	N/A	N/A

Screen Positive Brochures: (Distributed to XAFP Screen Positive women by Prenatal Diagnostic Centers):

Neural Tube Defect and Abdominal Wall Defects		
Down Syndrome		
Trisomy 18		

Notices:

1. Expanded AFP Test Request Forms must be completed by Prenatal Provider.
2. You may photocopy this supply form for future requests.
3. Please allow two weeks for delivery

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